

Safe Routes to School Parent Survey

*Thank you for taking the time to complete this survey.
Your input will help us better meet the needs of our students.*

Note: If you have more than one child in this school, please fill out this survey for the youngest child.

My child is a (please circle): boy girl **Grade level:** ____

How many other children do you have that attend this school? _____

Do you feel that your child needs to get more exercise?

Yes No Not Sure

Do you feel that walking to school would improve your child's health?

Yes No Not Sure

Do you have concerns about traffic safety along the routes to school? Yes No Don't Know

If yes, please elaborate (include specific streets or intersections that are problematic)

What neighborhood/community do you live in? _____

How does your child usually travel **to school**? (circle one)

Walk Bike Driven Carpool Bus

How does your child usually travel **from school**? (circle one)

Walk Bike Driven Carpool Bus

Would you be interested in volunteering to help set up or maintain a walking or biking program?

Yes No

If yes, please provide your name and phone number _____

Additional Comments:

Thank you for your time and please mail back to Melissa Taylor at the
Regional Planning Agency, 1250 Market Street, Suite 2000 – DRC, Chattanooga, TN 37402.